

## DATE PREPARED

SAMPLE

**BENEFIT YEAR ENDS**

SEE BACK FOR CLAIMANT INFORMATION

[illegible]

BASE QUARTER TOTAL

UI-5  
81048  
MAV 1998

SOUTH CAROLINA  
EMPLOYMENT SECURITY COMMISSION  
P.O. BOX 1477  
COLUMBIA, S. C. 29202  
OFFICIAL BUSINESS  
UCB- 1048

FORWARDING SERVICE REQUESTED

INFORMATION FOR CLAIMANT

This is a monetary determination of your claim for benefits based on wages paid during your Base Period. This determination shows your Base Period Employment Record. It lists your covered employer(s) that paid you wages, their account number, and the wages paid to you by quarter and year during the base period of your claim. The total amount of wages paid to you by quarter in the base period is shown beside Base Quarter Total. This determination covers only the monetary portion of your claim. Another determination will be issued that states if you are eligible to receive benefits. It will be based on the reason for separation from your most recent bona fide employer.

Under Potential Benefits Established, your Weekly Benefit Amount, Maximum Benefit Amount, and the date your Benefit Year Ends are shown.

BASE PERIOD: The first four of the last five completed calendar quarters prior to the effective date of your initial claim. If you earned wages in covered employment not shown on this form, give the information to your claimstaker at the unemployment office.

HIGH QUARTER: The quarter in our Base Period during which wages paid to you for insured work were highest.

WEEKLY BENEFIT AMOUNT: The amount of benefits you may receive weekly, if unemployed and otherwise eligible, shall be one-half of the average weekly wage in the high quarter of your base period, but shall not be less than \$20.00 nor greater than the maximum weekly benefit amount as determined by the Commission on or before June 30 of each year for benefit years on or after July 1 of such current calendar year, and prior to July 1 of the succeeding calendar year as provided in Section 41-35-40 of the Law.

MAXIMUM POTENTIAL BENEFITS: The greatest amount of compensation that you may receive during your benefit year.

BENEFIT YEAR: The one (1) year period following the effective date of your Initial Claim. To establish a Benefit Year in accordance with the provisions of the Law, you must meet the following wage requirements:

1. You were paid at least \$540.00 for insured work during the high quarter of your base period;
2. You were paid at least \$900.00 for insured work during your base period;
3. The total of your base period wages for insured work equaled or exceeded one and one-half times the total of your high quarter wages.

AVERAGE WEEKLY WAGE: Shall be determined by dividing the high quarter wages by 13 weeks.

REDETERMINATION RIGHTS: You have the right to request a correction if you do not agree that this determination is correct. Your request for redetermination may be made by letter or by personal visit to the office where your claim was filed, and it should be made without delay. No change can be made on this determination after one year from the date of this notice.

BE SURE TO NOTIFY YOUR LOCAL OFFICE ANYTIME YOUR MAILING ADDRESS CHANGES WHILE FILING A CLAIM FOR BENEFITS.

EXAMPLE OF COMPUTATION OF BENEFITS:

High Quarter Wages	\$1040.00
Base Period Wages	\$3462.00
Average Weekly Wage	\$ 1040.00 divided by 13 = \$ 80.00
Weekly Benefit Amount	80.00 divided by 2 = \$ 40.00

Maximum Potential Benefits:

Your maximum total benefit amount for this benefit year is the lesser of:

1. Twenty-six (26) times your Weekly Benefit Amount, or
2. One-third (1/3) of your total Base Period Wages as shown on this determination.  
(1)  $26 \times \$40.00 = \$1040.00$  (2)  $1/3$  of \$3462.00 = \$1154.00.

Maximum Benefits would be \$1040.00 since that amount is less than \$1154.00.